

AVIAN INFLUENZA A (H5N1) INFECTION CONTROL RECOMMENDATIONS FOR SUSPECT CASES

The California Department of Health Services has developed the following recommendations for persons who have developed acute respiratory illness following travel to a geographic area where avian influenza A (H5N1) outbreaks are ongoing. These recommendations are preliminary and may be modified as appropriate for individual situations.

- For patients who are sufficiently ill to be hospitalized, **airborne isolation** is recommended. Hospitalized patients should be managed with appropriate isolation precautions for 14 days after onset of symptoms unless an alternative diagnosis is established or infection with influenza A (H5N1) has been excluded.
- For patients who can be managed at home (e.g., patients managed as outpatients or hospitalized patients discharged before 14 days), **modified droplet precautions** are recommended.

CASE DEFINITION

Hospitalized patients with:

- a. Radiographically confirmed pneumonia, acute respiratory distress syndrome (ARDS), or other severe respiratory illness for which an alternate diagnosis has not been established, AND
- b. History of travel within 10 days of symptom onset to a country with documented H5N1 avian influenza in poultry and/or humans (see above or visit the Web site of the World Organization of Animal Health (OIE) at http://www.oie.int/eng/en_index.htm.)

OR

Hospitalized or ambulatory patients with:

- a. Documented temperature of $>38^{\circ}\text{C}$ ($>100.4^{\circ}\text{F}$), AND
- b. One or more of the following: cough, sore throat, shortness of breath, AND
- c. History of contact with poultry (e.g., visited a poultry farm, a household raising poultry, or a bird market) or a known or suspected human case of influenza A (H5N1) in an H5N1-affected country within 10 days of symptom onset.

A. PRECAUTIONS TO MINIMIZE INITIAL CONTACTS IN THE HEALTHCARE SETTING

- The patient should be instructed to wear a surgical mask over their nose and mouth at all times while in an examination room and, if hospitalized, during transportation to the nursing unit.
- Patients with fever and respiratory symptoms should not remain in a waiting room but should be taken immediately to an airborne isolation or HEPA filtered examination room and the door should remain closed.

ISOLATION PRECAUTIONS

Patients in emergency departments, examination rooms, and when hospitalized should be placed on **airborne** precautions. This includes the following:

- In *acute care settings*, place patients in an airborne isolation room.
- In *ambulatory settings*, place patients in appropriately ventilated airborne isolation rooms when available. If rooms are not available, place these patients in an examination room at the farthest distance from other patient rooms, preferably one that is at the end of the ventilation circuit and place a portable HEPA filter in the room. Once the patient leaves, the room should remain vacant for the appropriate time according to the number of air changes per hour, usually one hour, to allow for a full exchange of air.
- Instruct patients and accompanying individuals to follow recommendations for Respiratory Hygiene/Cough Etiquette
- Personal protective equipment for healthcare personnel
 - Wear fit tested NIOSH-approved respiratory protection (N95 respirator or higher) when entering the room.
 - Eye protectors (eye shields or goggles) should be worn when in direct face to face contact with a coughing patient
 - The use of disposable, long sleeve gowns should be considered when direct face to face contact is anticipated.
 - Disposable, non-sterile gloves should be worn when contact with respiratory secretions, blood and other body fluids are anticipated. For a heavily coughing patient, use of gloves when any contact with the patient or the patient's immediate environment should be considered.
- Hands should be washed with soap (plain or antimicrobial) and water after contact with all patients and environmental surfaces close to the patient. If hands are not visibly soiled with respiratory secretions, blood or other body fluids, an alcohol-based hand hygiene product can be use.
- Persons in contact with the patient should be instructed not to touch the mucous membranes of their own nose, eye or mouth with unwashed hands.

Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

- Cover the nose/mouth when coughing or sneezing;
- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use;
- Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

B. HOME SETTINGS

- Patients should limit interactions inside and outside the home and should not go to work, school, out-of-home childcare, or other public areas until fourteen days after the onset of symptoms. During this time, infection control recommendations, as described below, should be used to minimize the potential for transmission.
 - Household members should wash their hands with soap and water after gloved and ungloved contact with the ill person's respiratory (lung or nasal) secretions, blood and other body fluids (urine, wound drainage, etc.). Alcohol-based hand hygiene products can be use after removing gloves and when hands are not visibly soiled with respiratory secretions, blood and other body fluids.
 - Use of disposable gloves should be considered for any direct contact with respiratory secretions, blood and other body fluids. ***However, gloves are not intended to replace proper hand hygiene.*** Immediately after activities involving contact with body fluids, gloves should be removed and discarded and hands should be washed. Gloves should never be washed or reused.
 - Each patient should be advised to cover his or her mouth and nose with a facial tissue when coughing or sneezing. Patients should wear a surgical mask when in the same room as uninfected persons. If unable to wear a surgical mask, household members should wear surgical masks when in the same room as the patient.
 - Sharing of eating utensils between patients and other household members should be avoided. Dishes and utensils should be washed with hot water and a detergent after use by the ill person.
 - The suspect H5N1 patient should have their meals brought to them in their room.

- Environmental surfaces in the kitchen, bathroom and bedroom should be cleaned at least daily with a household disinfectant according to manufacturer's instructions.
 - The ill person's clothes, bed linens, towels should not be shared with well household members. Linens should be washed in cool to warm water and any commercial laundry product. Consider the use of gloves during this activity.
 - Household waste soiled with respiratory secretions or other body fluids, including facial tissues and surgical masks, may be safely disposed of as normal household waste.
- Household members or other close contacts of patients who develop fever or respiratory symptoms should seek healthcare evaluation. When possible, inform the healthcare provider of the exposure before going to the doctor's office or the emergency department. They contacts should be isolated in-hospital or at home as appropriate to their clinical condition pending confirmatory studies.
 - At this time, in the absence of fever or respiratory symptoms, household members or other close contacts of possible influenza A/H5N1 patients need not limit their activities outside the home.